ATTACHMENT C PART 1

SF-600 NSN 7540-634-41-

Health Recor	<u>d</u>	
DATE/TIME		
1/19/06	Chronological Record of Medical Care CLINICS: () Cardiac () Diabate State Control of Medical Care	600
	Symptoms, Diagnosis, Treatment, Treating Organization (sign each entry) () Neurology (**Orthorphere: Chinal Control of Medical Care (**Orthorphere: Chinal of Medical Care (*	V()()
0880	Caring Organization	
	() Neurology (FOrtho/Rheum () Pulmonary () Other (CHIEF COMPLAINT): Noctoria still lands)	
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	OBJECTIVE: (Beview System) Age: 50 Sex: Male Race: A Med Compliance: Good Feels	Penada
B	AIN I Proper System) Age: 50 Sex: Male Race: A Med Compliance: Go Free S	7 0
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Lun	gs:	
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	andes: Cold Middle 6	els good
Neurol	logical: 67 day sto	
Recent	mities: Cold Middle (E) = dry skin + tip. Noils mostly a//= Lab Results: Ped Test Results: Yes (Y No ())	_ 7
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	ed Test Results: Yes (*) No ()	_ 1
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OF BIRTH:	SEX: Marin	7 1
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-634-4 cord			Chronological Record of Mo	ganization (sign each entry)	
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	DSM I	V CLASSIFICAT	ION: For Mental Health CCC Axis fi	Axis III: See A	ssessment Side #1
	Axis l:		Axis fi:	Axis V; GAF SCORE:	
		: Incarceration			
	AXIS IV	. 110-11			
			Le EKCo. alsessment & 30 S.		
	PLA	N: Chara	+11.Co.		
		Plouti	allesiment 30 %.		
		Pair	<u> </u>		
	Uți	lization Review -			
				queable to CD-	OCI
		ATIENT EDUCA		greenwi	
		Six cussed Weatment plan	n, diagnosis, risks and benefits of treatment.		
		Etiology, Complications	, Prognosis, Prevention		
	(7	Etiology, Compression	Lifestyle Changes/Exercise		
		No tobacco dos	lministration/Compliance/Side Effects		
		- To	wick		
		(4) Patient Ondorous	deretanding	u viele cell	
	-50	() Panent verbarre	Inderstanding In or if running out of medication, should sign up for the standard of the stan	Il sick can	
0	104	(Twenderra is bear		PROFILE () LIPIOS () HgAIC	() PSA () VIRAL LOAD
REM	eregiche	rds NOSTIC STU	DIES: () CBC/DEF () U/A () LFT () CHE	/ PROPILE () Other	
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		TREATMENT	MEDICATIONS:	10 orn Xgod	
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					E. Anderson 06975-0
	1.61	N 1 9 / wo			- n -

STANDARD FORM 600-BACK

MEDICAL RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
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1235 N	chael Hill ranks to inform me
a	at letter from Michael 4:11. Concer-
	out Magaar & Tylenol #3
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1, 1	4 state
18106 100	min Note: Records released Ito Th
V 100 100	his written authorization, see F
	pages released. Brannone
	I Brannon, RHIT
AL OR MEDICAL FACILITY	
FCI GILMER OR'S NAME	STATUS DEPART./SERVICE RECORDS MAINTAINED AT
	SSN/ID NO. RELATIONSHIP TO SPONSOR
T'S IDENTIFICATION: (Far types Date of Bil	or written entries, give: Name - lest, first, middle; ID No or S\$N; Sex; REGISTER NO. WARD NO.
A M	lace H-11
	CHRONOLOGICAL RECORD OF MEDICAL CARE Medical Record
40428	CHRONOLOGICAL RECORD OF MEDICAL CARE Medical Record STANDARD FORM 600 (REV. 6-97) Prescribed by GSA/ICMR FIRMR (41 CFR) 201-9, 202-1

VSN 7540-634 Lealth Record	温水 多生活的 计自己 医自己性 医二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十	600-
DATE/TIME	Chronological Record of Medical Care	
12/27/05	Symptoms, Diagnosis, Treatment, Treating Organization (sign cae CLINICS: () Cardiac () Hypertension () Diabetes (Infectious Disease (Findocrine / Lipid () Pulmonary ())	li entry)
1030	() Neurology () Ortho/Rheum () General () Gastro () Mental Heathi (') Other	Icotal Health
	SUBJECTIVITY (CENTER COLUMN TO THE SUBJECTIVITY (CENTER CENTER COLUMN TO THE SUBJECTIVITY (CENTER COLUMN TO THE SUBJECTIV	The second secon
	SUBJECTIVE: (CHIEF COMPLAINT): Still - do Rayrands regularly.	helped olof =
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	Abdomen: NT JH5M Back:	And the second s
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	Neurological CT	
	Recent Lab Results:	Dail Tos
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	ASSESSMENTS: Raynerds	
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RECORDS PA	ATTENT'S NAME (LAST, FIRST, MIDDLE INITIAL)	
ILMER	Hill, Michael 40429-122	
FICATION DA	TE OF BIRTH:	

SF-600

NSN 7540-634-4176

600-108

Health Record	Chronological Record of Medical Care
DATE/TIME	Symptoms, Diagnosis, Treatment, Treating Organization (sign each entry)
and the second	DSM IV CLASSIFICATION:
	Axis I: Axis III: See Assessment side 1
	Axis IV: Incarceration Axis V: GAV SCORE:
	PLAN: Cont le
on Kanana Tay day	
	L-63 P
- Significant States of the St	URC-
	The second secon
er far far far far far far far far far fa	PATIENT EDUCATION:
	(9 Discussed treatment, plan, disgnosis, risks and benefits of treatment
The state of the s	
And the second s	() Priet, Diabetic/Cardina Lifestyle Changes/Exercise
	⇔No Smoking
	Medication Dosago/Administration/Compliance/Side Effects
	(2) Patient Uniderstood Topics
	CFationt Verbalized Understanding
	() Instructed if problems or if running out of medication, should sign up for sick call
	DIAGNOSTIC STUDIES: () CBC/DIFF() U/A () LFT () CHEM PROFILE () LIFIDS () HgA1C () PSA () VIRAL LOAD
	() CD4 () HEPATITIS PANEL () CXR () EKG () Drug Level: () Other
	BETURN TO CLINIC FOR ROUTINE FOLLOW UP ON:
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and the second s	TREATMENT/MEDICATIONS:
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A comment	E Anderson, DQ

BF8106975-004 STANDARD FORM 600-BACK

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
12/11/05	ADMIN NOTE: NONEDRM. REQUEST FUR FLORMA
1330	APPROVED. P.X: FLOMAX D.4MG DO DAILY XIRDUA
	E. Anderson, DC Pharm RPH
	Date 14,5(05
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	winter only,
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DEC ?	0 2005 E. AnderSo
	BF8106975-004
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THE CONTRACTOR OF THE PROPERTY	TANDARO FORM 600 (REV. 6-97) BA

ISN 7540-00-034-4176)	,				
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OR'S NAME		SSN/IO NO	· [P	ELATIONSHIP TO SE	PONSOR		
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Medical Record

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STANDARD FORM 600 (REV. 6-97) Prescribed by GSA/ICMR FIRMR (41 CFR) 201-9,202-1

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SF-600

NSN 7540-634-4176

600-10	

Health Record	Chronological Record of Medical Care					
DATE/TIME	Symptoms, Diagnosis, Treatment, Treating Organization (sign each entry)					
12-1-05	DSM IV CLASSIFICATION:					
0900	Axis II: Axis III:					
0100	Axis IV: Axis V: GAF SCORE:					
	PLAN: Ochli T3 Per Pai 2º Paynows					
	PLAN: RCAII T3 For Pair 2° Paymonds Vemp, CBC on next wint					
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4.						
	LYO Completed/LIR form completed N/A					
	UR-Consult completed/UR form completed N/A					
,						
	PATIENT EDUCATION:					
	Discussed treatment plan					
	CEtiology, Complications, Prognosis, Prevention					
	Diet. Diabetic/Cardiae Lifestyle Changes/Exercise					
	() No Smoking					
	Medication Dosage/Administration/Compliance/Side Effects					
	Patient Understood Topics					
	Patient Verbalized Understanding					
,	Vinstructed if problems or if running out of medication, should sign up for sick call					
	DIAGNOSTIC STUDIES: () CBC/DIFF () U/A () LFT () CHEM PROPILE () LIPIDS () HgAIC () PSA () VIRAL LOAD					
	() CD4 () HEPATITIS PANEL () CXR () EKG () Drug Level: () Other					
	RETURN TO CLINIC FOR ROUTINE FOLLOW UP ON:					
	RETURN FOR PHYSICIAN FOLLOW UP ON:					
	TREATMENT/MEDICATIONS:					
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II FOR	M. DAMEN STANDARD FORM 600-BACK					

PAGE 11

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Jealth Record	Coronological Record of Medical Care	
	Symptoms, Diagnosis, Treatment, Treating Organization	
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1030		
	SUBJECTIVE: (CHIEF COMPLAINT): Still & Urican inc. 1 3-4	
	to the Value of die	
) well controlled in Ta	<u> </u>
	OBJECTIVE: (Review System) Age: Sen: Male Rage. Med Compliance:	
	B/P 12 P: 80 WT: T: R/R: SO2%. Peak Flow EKG:	
	PAIN LEVEL: 12345678910 N/A Last Optometry Eval;	
	HEENT: 400 / F & interns	
	Heart: RRR FMG	·-,
	Abdomen: NT \$1+5m	
	MACHIEL NT \$145m	
	Gemtal/Rectal;	
	extremities: $\phi cc \epsilon$	
	leurological; GI	
R	ecent Lab Results: VL 4600	·· <u>-</u>
D	iscussed Fest Results: Yes (+ No ()	
1.6		
73.3	SESSMENTS: (1) HOB	
	(2) HpC-1x	
	(3) Rayrauds - 73	
	(4) Glomerukonephicitic /Cyst (5) BPH / trickoids / Toxad	
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	(10) hx hyperlipidemia stable	
ORDS PATT		
18.9.28	ONE'S NAME (LAST, FIRST, MIDDLE INITIAL) SEX MALE	_
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J	<u>4-30.57</u>	- 1

SF-600

600-108

NSN 7540-634- Health Record	ب و میس	cal Record of Medical Care	
DATE/TIME		tment. Treating Organization (sign o	each entry)
11/2/1/5/2	DSM IV CLASSIFICATION:		
11/3/06		Axes II	AX ₂₂ III
1030		MS V OAFSCORE	
	AND IV		is audit Di
		Walld consider RIBA HC	V godinario
	PLAN: Cont Rx - Labs	KIIDH HC	v atter
	- Labs	treatment	
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	UR Consult completed/UR form complete	N/A	
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	PATIENT EDUCATION:		
	Unscussed treatment plan		
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	ionnet, Diabetia:Cardiae Lifestyle Changes/fixercise		· · · · · · · · · · · · · · · · · · ·
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	(\$4 alien) Understood Topics		
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Phamer	()CDs ()HEPATITIS (() Other
	RETURN TO CLINIC FOR ROUTINE	FOLLOW UP ON: 1Mth	
•	RETURN FOR PHYSICIAN FOLLOW	UP ON:	
	TREATMENT/MEDICATIONS:	cybutuin 5mg alt	5 × 180d.
	tyleno1 # 3 7 Poq.	lay + Ti POGEVIC	day × 30d.
	6	Lohn-	
	1	E. Anderson, DO	BF8106975-004
			The second secon
			48

NDARD FORM 600-BACK

PREVIOUS EDITION IS USABLE	low.		
MEDICAL RECORD	CHRONOLO	AUTHORIZED FOR	LOCAL ARPHODUCTION
DATE	APTOMS, DIAGNOSIS, TREA	MENT, TREATING OHGANIZATION (Sign	
y	NMATER	OUTERING ON CHICAGO (Sign	each entry/
		QUEST FOR TRIACIE	
Today's date:	h 27 NE	HE FRONT SIDE OF THIS FORM ONLY	
	U / 61, 100 Your age: 5	Work Assignment: OSdes 14 U	nite (= 5)
SCHIECTIVE: (and the solution you are a	
result in no action	being taken. If necessary, you will be	interviewed in order to successfully respond to your	ic specific may
Complaint (Queja)	. What is your main problem (coal es-	transition to successfully respond to your	request.
Nifedipi	NE #60 m > # 2	increviewed in order to successfully respond to your or problems principal?): Chronic Cor	32 medication
At 7:30	1-15 AS 1-1-3	of ma have expired and the Eridays expired 11-02-0	d tuls and # 3
Chronica	DOLLAN GUTTY WY	d Fridays expire 11-02-0	5 he C
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(none (nada)		high blood pressure (pression alta)	spathy C.T.d.
L hear problems fund	oblemus de corazon)	Lasthma (- du -	
seizures (convulsio)	firs)	1 designed (designed)	=
[] Allergies (niergias):		amortes (diabetes)	
History of mental bentth	problems (historial)		
How long have you had	problems (historial de problemus men	ales): []) es 💆 no	
1 Days on	this problem (durante coanta tiempo ha	tenido este problema)?	Committee of the second of the
1 Transfer of the second	[] Months (Mexes);	Vones (A)	S. 55 Same - 1
List the mediantions you a	te taking (que medicinus esta tomando)	INTERSCOLL PIL	
- tylenol #3		WINNESS TELON WEDAVILIN	Nifedipine
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Your signature MM	1 51.00		· • • · · · · · · · · · · · · · · · · ·
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ite lame: Michae		THE PART NO	•

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YYL; Chyas

stitution:

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record STANDARD FORM 600 IREV 5 971 PRINTER 181 CFR) 201 9:202-1

DATE	SYMPTOMS, DIAGNOSIS TREATMENT, TREATING ORGANIZATION isign each unity!
	OBJECTIVE Temperature Pulse Respiration.
0.1000 marks (Weight Oxygon Saturation Blood Pressure
	If dishenc, blood sugar vor fingerstick mg/dl (normal range 70 - 120 mg/dl, 1 hour post pronduit < 180.
a 11 . — 1154a 1	2 hour post prandial < 150 mg/di)
we me	
10/27/05	Med Refill
10/0/12	
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<u>.</u>	
	ASSESSME/4T
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	established to the first term of the second
) And Some 1 787	PLAN. [] This information will be referred to the primary care physician
The second secon	[After discussion with the immute, no appointment for this complaint is necessary at this time.
, , , , , , , , , , , , , , , , , , ,	The isomate was education to return to sink call whenever needed
	1] Office
	Tylend #3 i Po gday + ii Po g Friday X300 Nifedipine ER Jong 9HS x 180 d. Ribavivia 200 & iti Po B.O x 180 d.
	Nifedipine ER Jong 9H5 × 180 d.
	Ribavivia 200 X TT Po B.O X 1802
•	Ver IP & ZA 180 wex I g
	Elavit romx 610 le
(Doxatasin Ing 9H5 X1800
	Salsalate 500mg BID X1800 Toleral 500 mg 1 610
- 1/2	Lisinopri 10mg gda x 1800.
	Ale update med list, call i any inactive RC.
Plea	are update med list, call is any macrice to
. 7	Links Theret E. Anders
PAGE	01/52/5006 12:43 3044620396 FCI GILMER

SF-600 NSN 7540-634-4176

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Health Record Chronological Record of Medical Care

DATE/TIME	Symptoms, Diagnosis, Treatment, Treating Organization (sign each entry)					
10/4/05	CLINICS: () Cardiac () Hypertension () Diabetes () Infectious Disease () Endocrine () Lipid () Pulmonary () Montal Health					
1030	() Neurology (*Ortho/Rhoum (*) General () Gastro () Montal Health () Other					
	worse to standing, worse @ night, normal day time word.					
	loing fair du.					
	OBJECTIVE: (Review System) Age: Sex: Male Race: Med Compliance:					
	B/P: 12840 P: 12 WT: T: R/R: SO2%: Peak Flow: EKG:					
	PAIN LEVEL: 1 2 3 4 5 6 7 8 9 10 N/A Last Optometry Eval:					
	HEENT: Fictions, No BOC/E					
	Heart: RRR pm/6					
	Lungs: CTAB TWRR					
	Abdomen: NT min Henchomeral, den					
	Genital/Rectal: Oct					
	Extremities: ICCE					
	Neurological: GI					
	Discussed Test Results: Yes () No ()					
						
· · · · · · · · · · · · · · · · · · ·						
	ASSESSMENTS: Hep 6					
· · · · · · · · · · · · · · · · · · ·	Hep C - TX					
	Raynards - 73					
	Blumerulo naphritis / eyst -					
	BPH / Trigonitis / Trace +					
	BPH / Trigonitis / Engst - BPH / Trigonitis / Incat. Hx Hyper lipiderina - 5table					
	The reprocessal since					
RECORDS INTAINED AT I GILMER	PATIENT'S NAME (LAST, FIRST, MIDDLE INITIAL) SEX: MALE 4, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,					
INTIFICATION MBER	DATE OF BIRTH: 4/30/57					

SF-600 NSN 7540-634-4176 Health Record

600-108

Health Record	Chronological Record of Medical Care							
DATE/TIME	Symptoms, Diagnosis, Treatment, Treating Organization (sign each entry)							
	DSM IV CLASSIFICATION:							
	Axis II: Axis III:							
	Axis IV: Axis V: GAF SCORE:							
	Oxyma AHS							
	PLAN: Consider add bladder by for isstability of Hepc							
	TX. / Labs.							
	UR-Consult completed/UR form completed N/A							
	Add. 10/26/05							
	PATIENT EDUCATION: ON I'M Above The part age of							
	(*Discussed treatment plan // Intertern i pass) terade							
	(Metiology, Complications, Prognosis, Prevention on I was perfect the							
	(Diet, Diabetic/Cardiac Lifestyle Changes/Exercise to hold unless a losalute G							
	(4No Smoking pecc. will shot p He V JE.							
	(Medication Dosage/Administration/Comphance/Side Effects 73 par Carl							
	(Patient Understood Topics							
	(Patient Verbalized Understanding E. Anderson, DO							
7	Instructed if problems or if running out of medication, should sign up for sick call							
	DIAGNOSTIC STUDIES: () CBC/DIFF () U/A () LFT () CHEM PROFILE () LIPIDS () HgAIC () PSA () VIRAL LOAD							
	() CD4 () HEPATITIS PANEL () CXR () EKG () Drug Level: () Other							
	RETURN TO CLINIC FOR ROUTINE FOLLOW UP ON: /mv							
	RETURN FOR PHYSICIAN FOLLOW UP ON: 5/2 / 5 /265.							
	TREATMENT/MEDICATIONS:							
	13 as per s/c prote.							
	13 25 per sle note.							
	E. Anderson, DO							
	a. Altologa, DO							
<u> </u>								

STANDARD FORM 600-BACK

MEDICAL REG	CORD		CHRONOLOGICAL RECORD OF MEDICAL CARE				
DATE		SYMPTOMS	S, DIAGNOSIS, TREA	MENT TREATING ORGANI	ZATION (Sign each entry)		
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CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97) Prescribed by GSA/ICMR FIRMR (41 CFR) 201-9.202-1

NSN 7640-00-634-4176

MEDICAL REC	ORD		CHRONO	LOGICAL RE	CORD OF	AUT	HORIZED FOR	LOCAL REPRODU
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Medical Record STANDARD FORM 800 (REV. 6-97) Prescribed by GSA/ICMR FIRMR (41 CFR) 201-9.202-1

USP EVN

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Inmate Name:

Michael Hill

CHRONOLOGICAL RECORD OF MEDICAL CARE

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40428-133

STANDARD FORM 600 REV 6 5% Proceeding STANDARD FORM

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Medical Record

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STANDARD FORM 600 (REV. 6-97) Prescribed by GSA/ICMR FIRMR (41 CFR) 201-8.202-1

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STANDARD FORM 600 (REV 597) Prescribed by GSA/ICMA FIRMA (4.1 GFR) 201 9.202-1

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	DSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
INMATE	COMPLETE THE FRONT SIDE UF THIS FORM ONLY
Today's date: 9/2/05	YOUR ASSIGNMENT: OCALLY Unit: (- 1)
SUBJECTIVE	Work Assignment: O Case - 1
result in no action being taken. If need	ion or concern and the solution you are requesting. Your failure to he specific may I.Y. you will be interviewed in order to successfully reapond to your request.
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MEDICAL RECORD

AUTHORIZED FOR LOCAL REPRI

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		TE REQUEST FOR TRIAGE	w. amily)
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(nstitution:	F.C.I. GILMER	Prescribed by GSA/ICMA FIRMA 141 CFR 201 9.20;	2-1

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING OHGANIZATION (Sign each entry)
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CHRONOLOGICAL RECORD OF MEDICAL CARE Medical Record

STANDARD FORM 600 (REV. 6-97) Prescribed by GSA/ICMR FIRMR (41 CFR) 201-9.202-1

NSN 7540-06-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION MEDICAL RECORD CHRONOLOGICAL RECORD OF MEDICAL CARE DATE SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry, <u>l Brannon, RHU</u> wizman, BO. DPM BF8100975-001 SUTATE DEPART./SERVICE W. Dotzman Do, DPM SSN/ID NO. RELATIONSHIP TO SPONSOR PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.) REGISTER NO. WARD NO. CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97) Prescribed by GSA/ICMR FIRMR (41 CFR) 201-9.202-1

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
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	Renee M. Dye STANDARD FORM 600 (REV. 6-97) BACK

NSN 7540-00-634-4176			1.15			AUTHORIZED FOR	LOCAL REPRODUCTION
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HILL, MICHAEL N 40428-133 FCI GILMER HOUSING - C02-205 07/19/2005

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97) Prescribed by GSA/ICMR FIRMR (41 CFR) 201-9,202-1

USP LVN

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
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	STANDARD FORM 600 (REV. 6-97) BACK
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Document 83-5

Case 1:03-cv-00323-SPB

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Page 34 of 41

Case 1:03-cv-00323-SPB Document 83-5 Filed 02/16/2006 Page 35 of 41

, DATE	SYMPTOMS, DIAGNOSIS, THEATMENT, TREATING ORGANI, ATTON (Sign wach entry)
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	2 hour post providial <150 mg/dl)
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	[] The minimize was additional to minimize saft-call whenever needed.
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STANDARD FORM 600 REV 6 3% BACK

NSN 7840-00-534-4176				AUTHORIZ	ZED FOR LOCAL REPRODUCTION
MEDICAL RECORD		CHRONOLOGI	CAL RECORD OF		
DATE	SYMPTOMS, DIA		NT TREATING ORG		
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IOSPITAL OR MEDICAL FACILIT		STATUS	DEPART /SERVICE	R	CORDS MAINTAINED AT
PONSOR'S NAME		SSN/ID NO.	RELATIONSHIP TO S		2/2
ATIENT'S IDENTIFICATION: (F	For typed or written entries, give:	Nama - last first middle	I' ID No at SSN: Sex: BEG	GISTER NO.	WARD NO.
FCI, Gilmer	ita or birth; Mank/Grade.)	hold	<u>l</u>		D OF MEDICAL CARE
		1478-	STAN	Medical F DARD FORM 60 by GSA/ICMR	
	# 4	0 100-	FIRMR (M BY USA/ICMH (41 CFR) 201-9.202	-1 USP LVN
PAGE 42	2	LCI GILMER	. 968	GAZ9b b as	Ct '71 0007 (07 170

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
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AL	Rence M. Dye Pharm. D, RPH
MA	
	STANDARD FORM 600 (REV. 8-97) BACK

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECO	THE
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
HR	'NMATE REQUEST FOR TRIAGE
4/28/08	INMATE COMPLETE THE FRONT SIDE OF THIS FORM ONLY
/_/	Todayle dyne 6, 28, 05 v. 40
	SUBJECTIVE: (Briefly state your question or concern and the solution you are requesting. Your failure to be specific may
	result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.
	Cornelant (Queia) What is worth pain within (a)
	Complaint (Queja), What is your main problem (coal es su problema principal?): Painful growth/Node
	ON throat Also tylenol & 3 for Raymands NEEDS
	to be ce-written for 30 days is about to expire in A FEW
The latest state of the latest states and the latest states are the latest states and the latest states are the latest states and the latest states are th	days. This is my third attempt Please Assist! SEE med chart
	restory of medical problems (historial de problemas medicos); HEP-C, RAYNAUS, Glome Culopathy
] high blood pressure (presson alta)
· · · · · · · · · · · · · · · · · · ·	inean problems (problemas de corazon) [] asthnia (asthma)
) accours (convolutions) [] diabetes (disheres)
1] allorgies talergias).
	story of montal health problems (historial de problemas mentales): {] yes [] no
<u> Pla</u>	w long have you lind this problem (durante cuanto tiempo ha tenido este problema)? ONS MONTO
	Days (Dias):
Liki	the mediantions you are taking (que medicinas esta tomando):
	ifiedipine tylenol # 3 for severe Raymands And possible
1	The possible
1.	Compliant of the NESTER WAS THE
You	i signature:
SPITAL OR MECICAL FACIL	TY DEPART SERVICE STATUS DEPART SERVICE FECORDS MAINTAINED AT
UNSOR'S NAME	SENTID NO. RELATIONSHIP TO SPONSOR
TIENT'S (DENTITICATION) M	(or typed or written entries, give) Name Test, first, media; ID No or SSN; Sox; ARGISTER NO VIARD NO.
Inmate Name	inc. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	CHRONOLOGICAL RECORD OF MEDICAL CARE
Register Nu ~~	STANDARO FORM 600 (REV 6 97)
astitution	FIRMS 141 CFR) 201 9.262 1

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, THEATING ORGANIZATION (Sign each entry)	-
	OBJECTIVE: Temperature: Pulse: Respiration:	_
1/_ 2/_	Weight: Oxygen Saturation: Blood Pressure:	P
0/28/05	If diabotic, blood sugar vin fingeratick: ing/dl faurreal range 70 120 mg/dl; hour post prandial < 80;	- \; -
	2 hour post prandial <150 mg/dl),	. ,
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, 1 -4,14 1-4-1446		
	ASSESSMENT POSS RALL AL TICL	
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,	PLAN. [] This information will be referred to the primary care physician.	A
	[After discussion with the inmute, no appointment for this complaint is necessary at this time.	
or areas aggrégation de la constant	The immate was education to return to sick-call whenever needed.	
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	Vet Cortain	
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ME	DICAL RECORD	CHRONOLOGICAL TECONOLOGICAL REPRODUC
	DATE	CHRONOLOGICAL RECORD OF MEDICAL CARE SYMPTOMS, DIAGNOSIS, TREATMENT
1 25	SEHR	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
14	70	INMATE REQUEST FOR TRIAGE
		INMATE COMPLETE THE FRONT SIDE OF THIS FORM ONLY
	Toda	V's date: 17 1 27 1 05
		Work Assignment: OCAC CAV This Com
	SUB.	DECTIVE: (Briefly state your question or concern and the solution you are requesting. Your failure and
	- result	in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.
	Corne	laint (Casia) Man and the successfully respond to your request
		laint (Queja), What is your main problem (cual es su problema principal?): Stoolign Lump ON Ha
		The Asia Dailytol Sills of the same
	<u>B</u>	C T T T T T T T T T T T T T T T T T T T
	_ (2) (2)	SCHME USEY PRINTY WITHIN 1954 FURD WEEKS
		The state of the s
··· ,~		standar problems (nistorial de problemas medicos):
		(nada) H2P C Roymonds Kidning [I high blood pressure (presson also) NI
	}	Thigh blood pressure (presson along
		printerns (problemus de corazon) NO [] asthma (asthma)
	() seizu	res (convulsiones) NO [] diabetes (diabetes) N) ()
	[] allerg	ies (alorgias): A(A
	Historya	Impured hardet and the
		f mental health problems (historial de problemas mentales): [] yes [Vho
	How long	bave you had this problem (durante cuanto tiempo ha tenido este problema)?
	[] Days (1	Dias);
	I jet sha	
		dications you are taking (que medicinas esm tomando):
	ONC ?	9 day 10+ 1: 30pm
AL COT	Your signan	Ife:
AL DR M	BEDICAL FACILITY	INMATE DO NOT WRITE ON THE BACK OF TILLS FORM
OR'S NA	ME	HECORDS MAINT AINED AT
		SSNIID NO. RELATIONSHIP TO SPONSOR or written entries, give: Name - last, first, middle: ID No or SSN; Sox; REGISTER NO. WARD NO.

Register Number:

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record STANDARD FORM 600 (REV. 6-97)
Proseibed by GSA/ICMR
FIRMR (41 CFR) 201-9,202-1

Institution:

EC.I. GILMER

	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign &act) entry)
DATE	Designition'
6/23/05	OBJECTIVE: Temperature:
1315	Weight: Oxygen Saturation: Blood Pressure:
	If diabetic, blood sugar via fingerstick: mg/dl (normal range 70 120 mg/dl; 1 hour post prandial <180;
	2 hour post prandial <150 mg/dl)
	5- gurllen area to poch
	O- so the area to redu tente so to
	Squale 3 Difficults.
	- Spinara
·	ASSESSMENT: Possi Cle eggs on Nech
, man (2000)	
	1 0 to 1 1530 only
	My frie 800m 1:0, Tylam 3 to 01) T. Coberly, RN
	PLAN: I This information will be referred to the primary care physician. [] After discussion with the inmate, no appointment for this complaint is necessary at this time. T.
	[] The inmate was education to return to sick-call whenever needed.
, , , , , , , , , , , , , , , , , , , ,	[] Other:
	E. WAR compares to wak 2-3 times pur DAY.
	E- Monicotion on presention T. Coberly, RN
,,,,	L- MEDICATION ON PRESENTED
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	Detenan
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	STANDARD FORM 500 (REV. 6-97) BACK
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